## NEW EMPLOYEE APPROVAL/CHANGE OF EMPLOYEE STATUS FORM

 $\underline{\textbf{SECTION I}}. \ \ \textbf{To be completed by the Department Head/Supervisor}$ 

1. Na	ame of Employee	Danielle Fleming			
2. Da	ate of Employment	1/3/23	_ Pay rate	28.84	
3. De	epartment	Treasurer	_ Job Title	Property Tax Supervisor	
4. Att	tach Documentation	References checked Yes	No 🗌		
5. Da	ate Physical Given		Driver's License Check		
6. Jol	b Posting Dates: F	From11/9/22	to11/23/22	(10 Days Required)	
7. Job Description/Grading Complete? Yes  No  Union Employee					
8. Nev	w Employee:	Number hours per week If temporary, end date	40	(Full Time is 32 or more hrs/wk)	
9. Cha	ange of Status:	Effective Date Position Title from Pay Rate from	1/3/23 Assistant Supervisor 22.28	to Property Tax Supervisor 28.84	
Date	_12/29/22	Tentative Dept Approval	Deann S.	tomlinson	
SECTION II. This form, with the attachments and payroll forms, should be forwarded to the Board of Supervisor's Office for inclusion on the next Board agenda before the new employee begins work. Paychecks will not be issued until all forms are complete and Board approval granted.					
APPROVAL/DISAPPROVAL  Board of Supervisors (yes or no + initials)  Date					
Sections I and II must be completed <u>BEFORE</u> going to Auditor's Accounting Department  ***********************************					
	1. W-4 and IA W-4 (F	W-4 and IA W-4 (Federal and State withholding certificates)			
	2. I-9 Employment E	2. I-9 Employment Eligibility Verification Form			
	3. IPERS Beneficiary Form (Full time student? Yes  No  Not needed for full time students)				
	4. Direct Deposit	Direct Deposit			
	5. Health, Dental, Lit	Health, Dental, Life Insurance, EAP & Flexible Spending			
	6. Voluntary Life Insurance, Voluntary Accident Insurance & AFLAC				
	7. Part-time? Yes  Health Ins Referral Form; No N/A				
	8. Credit Union Broc	Credit Union Brochure			
	Deferred Comp Information				
	10. Personnel Policy (printed copy available upon request)				
	11. Sexual Harassment Policy and Family Medical Leave (if not under County Personnel Policy)				
I have completed the forms and received the documents, as noted above.					
DATE	EM	PLOYEE Signature			